

Advanced Cardiac Admissions Protocol (ACAP)

Chest Pain and CHF Pathway (PAIN)

To be completed on patients with a diagnosis of ACS or CHF

ADDRESSOGRAPH AREA

follow the letters in management

CHEST PAIN PROTOCOL:

<input type="checkbox"/> P riority ST Elevation ACS: CP (> = 30 mins) With: <input type="checkbox"/> > = 1 mm ST in 2 leads <u>or</u> <input type="checkbox"/> New LBBB <u>or</u> <input type="checkbox"/> Acute Posterior Wall MI	<input checked="" type="checkbox"/> A dvanice At Least TWO features: <input type="checkbox"/> Prolonged CP (> 20 mins) <input checked="" type="checkbox"/> Dynamic ST shifts (> 0.5 mm) <input type="checkbox"/> New BBB other than LBBB <input type="checkbox"/> New or worse MR <input type="checkbox"/> New or worse rales <input type="checkbox"/> Bradycardia or hypotension <input type="checkbox"/> > = 75 yrs. of age <input checked="" type="checkbox"/> Elevated Troponin <input type="checkbox"/> Tachycardia <input type="checkbox"/> Cardiogenic shock	<input type="checkbox"/> I ntermediate At Least TWO features but NO advanced features: <input type="checkbox"/> Prolonged CP but resolved <input type="checkbox"/> Limited CP but responsive to rest or nitroglycerine <input type="checkbox"/> Dynamic T changes/ Pathological Q wave <input type="checkbox"/> Prior MI <input type="checkbox"/> Prior PCI/CABG <input type="checkbox"/> Presence of PVD or CVA <input type="checkbox"/> 70-74 yrs. of age <input type="checkbox"/> Troponins indeterminate	<input type="checkbox"/> N egative At Least TWO features but NO advanced or intermediate features: <input type="checkbox"/> Limited CP (< 20 mins) <input type="checkbox"/> EKG normal or without ischemic changes <input type="checkbox"/> Cardiac markers not elevated
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Plan:

Heparins: (P) (A) (I) <input checked="" type="checkbox"/> UFH (Unfractionated Heparin) <input type="checkbox"/> Can't Use Heparin <input type="checkbox"/> Enoxaparin (1 mg/kg SQ q 12 h) Because _____	Beta Blockers: (P) (A) (I) <input type="checkbox"/> Metoprolol (25-100 mg) _____ mg po q 12 h <input checked="" type="checkbox"/> Carvedilol (3.125-25 mg) <u>3.125</u> mg po q 12 h <input type="checkbox"/> Cannot take beta blocker because _____ <input type="checkbox"/> Advanced Heart Block <input type="checkbox"/> Hypotension <input type="checkbox"/> Decompensated CHF <input type="checkbox"/> Severe Bradycardia <input type="checkbox"/> Bronchospastic disease
Antiplatelet Agents: (P) (A) (I) (N) <input checked="" type="checkbox"/> Aspirin (For acute MI first dose 325 mg non enteric coated STAT followed by 75-325 mg po enteric coated daily) <input type="checkbox"/> 81 mg <input type="checkbox"/> 162 mg <input checked="" type="checkbox"/> 325 mg <input type="checkbox"/> Cannot take aspirin because _____ <input checked="" type="checkbox"/> Clopidogrel (300 mg po STAT then 75 mg po daily) (P) (A)	ACE Inhibitors: (P) (A) <input checked="" type="checkbox"/> Drug <u>Lisinopril 2.5</u> mg po (daily/q 12 h/q 8 h) <input type="checkbox"/> Cannot take ACEI because _____
<input checked="" type="checkbox"/> GP IIb/IIIa (Given in conjunction with heparin) (P) (A) <input checked="" type="checkbox"/> Integrillin <input type="checkbox"/> Abciximab (prior PCI only) <input type="checkbox"/> Can't take IIb/IIIa because _____	Statins: (P) (A) <input checked="" type="checkbox"/> Drug <u>Lipitor 80mg</u> mg po daily <input type="checkbox"/> Cannot take statins because _____ <input checked="" type="checkbox"/> Other Medications: <u>HbA1c, Continue insulin drip according to protocol</u>

HEART FAILURE PROTOCOL

<input type="checkbox"/> New Onset Heart Failure	<input checked="" type="checkbox"/> Acute Exacerbation of Chronic Heart Failure										
<input type="checkbox"/> V alvular Heart Disease, HOCM <input type="checkbox"/> A cute Coronary Syndrome <input type="checkbox"/> M yocarditis <input type="checkbox"/> P eripartum/Postpartum	<p style="text-align: center;">Cardiac Etiology</p> <input checked="" type="checkbox"/> H ypertension, Hypertrophic Cardiomyopathy <input type="checkbox"/> A rrhythmia/Afib/Flutter/Heart Block <input type="checkbox"/> N on compliance with care or medications <input type="checkbox"/> D rugs: negative inotropes, NSAIDS <input checked="" type="checkbox"/> I schemic Myocardium <input type="checkbox"/> P ericardial disease	<p style="text-align: center;">Non-Cardiac Etiology</p> <input type="checkbox"/> T hyrotoxicosis, Trauma <input type="checkbox"/> R enal Failure <input type="checkbox"/> A nemia <input type="checkbox"/> P ulmonary disease/emboli <input type="checkbox"/> S epsis/infection									
<table border="1" style="width: 100%;"> <tr> <th colspan="2">Clinical Assessment</th> </tr> <tr> <td style="text-align: center;">COLD</td> <td style="text-align: center;">WARM</td> </tr> <tr> <td style="text-align: center;">WET</td> <td style="text-align: center;">✓</td> </tr> <tr> <td style="text-align: center;">DRY</td> <td style="text-align: center;">✓</td> </tr> <tr> <th colspan="2">PERFUSION</th> </tr> </table> <p>Usual Body Weight: <u>155</u> Admission Body Weight: <u>170</u> Excess Body Weight: <u>15</u> ER Lasix dose & route: <u>80mg IV</u> Time dose given: <u>12:50</u> Response to dose: <u>500 U</u></p>	Clinical Assessment		COLD	WARM	WET	✓	DRY	✓	PERFUSION		<p>Plan:</p> <ol style="list-style-type: none"> Admit to <input type="checkbox"/> CCU <input type="checkbox"/> Medicine floor <input checked="" type="checkbox"/> Telemetry <input type="checkbox"/> Non teaching <input checked="" type="checkbox"/> Strict intake/output and daily weights measurement Furosemide <u>80</u> mg IVPB _____ (daily/q 12 h/q 8 h/q 6 h) Inotropes/Vasodilator therapy: <input checked="" type="checkbox"/> None <input type="checkbox"/> Norepinephrine <input type="checkbox"/> Dopamine <input type="checkbox"/> Dobutamine <input type="checkbox"/> Nitroglycerin <input type="checkbox"/> Nesiritide <input type="checkbox"/> Milrinone ACE Inhibitors/ARB <u>Lisinopril 2.5</u> mg po (daily/q 12 h/q 8 h) Beta Blockers <u>Carvedilol</u> mg po (daily/q 12 h) Aldosterone antagonist _____ mg po (daily) Digoxin _____ mg po daily
Clinical Assessment											
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WET	✓										
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PERFUSION											